

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13552

State File No.

FILED APR 28 1948

Registration District No. 224

Primary Registration District No. 5886

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Ozark
(b) City or town Jackson Twp. - Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 54 yrs. (Specify whether years, months or days)
In this community 54 yrs.

3. (a) PRINT FULL NAME Rutha Ann Smith

3. (b) If veteran, name war. --- 3. (c) Social Security No. ---

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Homer Smith 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased September 1 1893 (Month) (Day) (Year)

8. AGE: Years 54 Months 7 Days 6 If less than one day hr. min. 0

9. Birthplace Brixey, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business J. William Byerley

12. Name J. William Byerley
13. Birthplace Rockbridge Missouri (City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Little
15. Birthplace Rockbridge, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Homer Smith
(b) Address Brixey, Missouri
17. (a) Burial (b) Date thereof 4/9/48 (Month) (Day) (Year)
(Burial, cremation, or removal) Souder, Mo.
(c) Place: burial or cremation Clinkingbeard Fn. Home

18. (a) Signature of funeral director Gainesville, Mo.
(b) Address Gainesville, Mo.

19. (a) 4-17-48 (b) William Byerley (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark
(c) City or town Brixey - Rural (If outside city or town limits, write "RURAL")
(d) Street No. / (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country /

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7 year 1948 hour 3 minute 40 P. M.

21. I hereby certify that I attended the deceased from 12-8-1947 to April 7 1948
that I last saw him alive on April 5 and that death occurred on the day and hour stated above.

Immediate cause of death Pleurisy with effusion
Due to Influenza and pneumonia
Due to /

Other conditions Rheumatic Heart Disease
(Include pregnancy within 3 months of death)
Major findings: /
Of operations /
Of autopsy /

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) /
(b) Date of occurrence /
(c) Where did injury occur? (City or town) (County) (State) /
(d) Did injury occur in or about home, on farm, in industrial place, in public place? /

23. Signature M. J. Hoernig (M. D. or other) DO
Address Gainesville, Mo. Date signed 4/7/48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 6;
District File Number 448-538
Date Filed APR 26 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Charles R. Fish....., Registered Apprentice No. 45.....
working under my personal supervision.

Signed W. B. Luthers.....

Licensed Embalmer No. 3431.....

P. O. Address Gainesville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.